

FOR IMMEDIATE RELEASEWHAT EVERY PARENT SHOULD KNOW ABOUT HOMOSEXUALITY

It could happen to any parent. In a letter. Over a phone. Or face to face as a hasty revelation or an anguished confession. But however it happens, it comes down to this--"Mom, Dad, I have something to tell you. I'm gay."

Here at last is a book giving good news and sound advice to the estimated 20 to 40 million parents of homosexuals in the United States. On May 2, 1979, Harcourt Brace Jovanovich will publish the first book written by parents of gay children for parents of gay children: NOW THAT YOU KNOW: What Every Parent Should Know About Homosexuality by Betty Fairchild and Nancy Hayward. Both authors have been instrumental in the formation of Parents of Gays, an organization with chapters in almost every major city in the United States and Canada. Their book is a warm and upbeat discussion of some of the most worrisome issues confronting parents of gays.

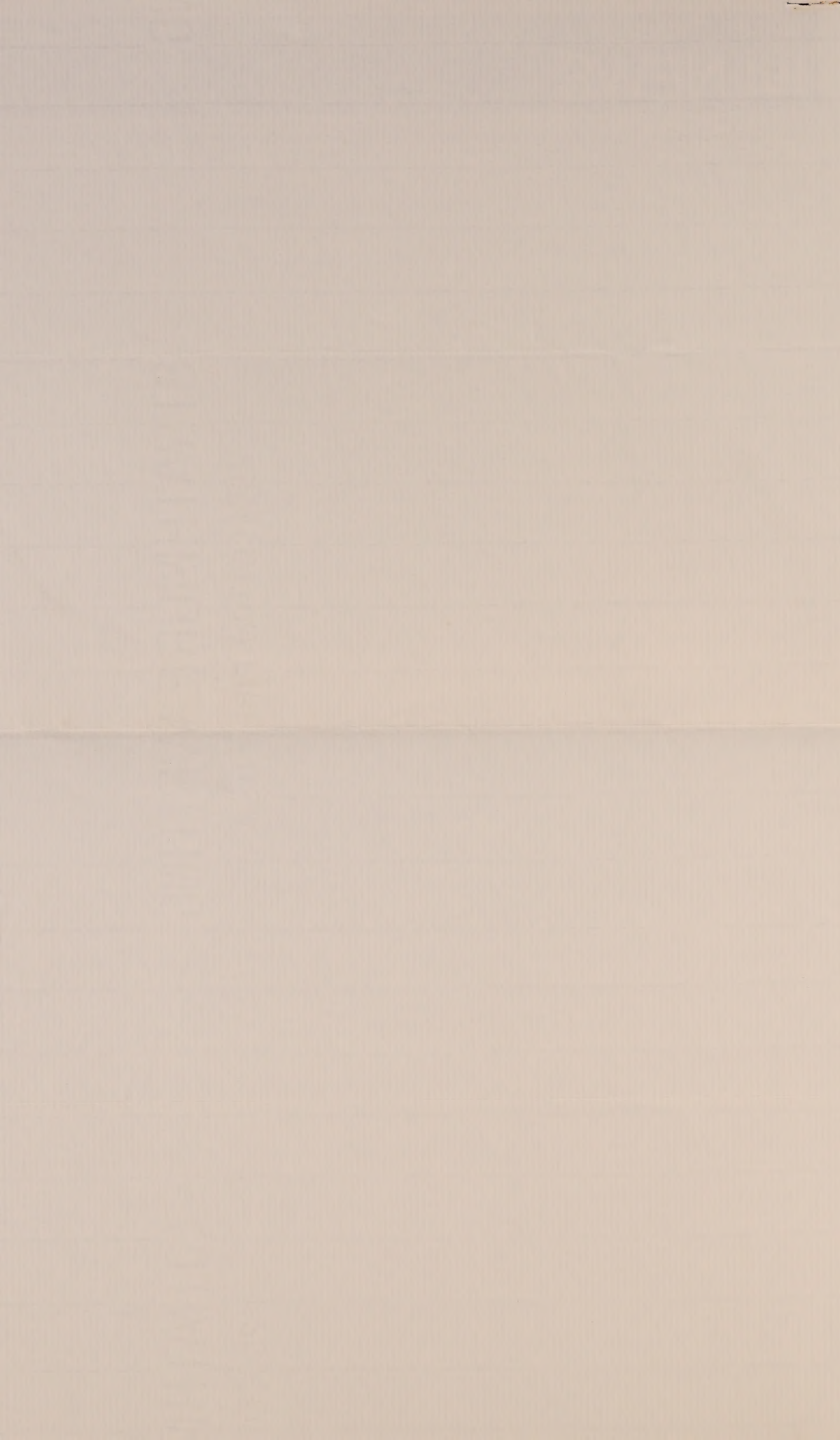
How can I deal with my gut feelings of terror, disbelief, revulsion, and guilt when my child tells me he or she is gay? What do I need to know and where can I get accurate and helpful information? Should I break the news to other family members and friends, and if I decide to do this, how should I go about it? Will being a homosexual hurt my child's career? Was I responsible for my child's being a homosexual? Can psychiatry or counseling help my son or daughter? Fairchild and Hayward point out that there are no pat answers to these difficult questions, but suggest positive attitudes to adopt in dealing with them.

Over the years the authors have talked with scores of parents from all parts of the country. Drawing on their own personal experiences with a gay son and a gay daughter, on the many stories that people have shared with them, and on scientific research and other authoritative sources, they tell virtually everything a parent would want to know--but might be afraid to ask--about a child's choice of sexuality.

NOW THAT YOU KNOW

- covers the full range of experiences of parents who discover a child is gay--pain and denial, honesty and dedication, determination and joy;
- speaks frankly about what being gay means to the women and men who so identify themselves;
- discusses gay couples as well as gays married to heterosexuals and confronts the issue of child custody for gay mothers and fathers;
- offers an annotated list of books to read and additional background material and sources of information.

Even as it provides a vast store of information and advice, NOW THAT YOU KNOW carries a simple message: Relax. Your gay child is not doomed to a life of pain and unhappiness, and neither are you. With love and forthrightness, you can move from pain and denial to love



and acceptance of your child's homosexuality, as Betty Fairchild and Nancy Hayward have done themselves.

Betty Fairchild, whose son is gay, lives in Denver, Colorado. Nancy Hayward, whose daughter is gay, lives in Baltimore, Maryland. Both have written extensively for journals about being a parent of a gay child, and together they have helped found Parents of Gays, a national organization.

"(T)his temperate, well-formulated guide should prove both instructive and comforting to parents struggling with the first phases of discovery, when hopes of grandchildren die and guilt takes over. Fairchild and Hayward dispel the myths. . . and deal with the realities. . ."

--Kirkus Reviews

* * * * *

NOW THAT YOU KNOW: What Every Parent Should Know About Homosexuality by
Betty Fairchild and Nancy Hayward
Publication date: May 2, 1979
Price: \$8.95, cloth
227 pages

Contact: Kathy Segal, Publicity Assistant
(212) 888-3945

The Homosexual Adolescent: Developmental Issues and Social Bias

ALAN K. MALYON

The problem of adapting to a stigmatized identity is inherently problematic. In particular, the social disapproval of same-sex object choice seriously complicates psychological development and identity formation for the homosexual adolescent. Thus, the resulting developmental variations must be understood as, in large measure, natural reactions to biased socialization experiences.

Until very recently "homosexuality" had both a vernacular and an official psychiatric meaning. In 1973, however, the American Psychiatric Association voted to depathologize homosexuality and remove it from the Diagnostic and Statistical Manual.* This official change, though, did not eliminate the social opprobrium, or dispel the myths and stereotypes long associated with the vernacular aspects of the homosexual label. Therefore, to understand the special problems of the gay adolescent, it is

* The American Psychological Association made a similar change in official policy in 1975.

Alan K. Malyon, Ph.D., is in the private practice of clinical psychology in Los Angeles.



necessary to appreciate the ways in which contemporary psychological and social views of homosexuality bias the developmental process.

Homosexuality as a Social Issue

Homosexuality describes an aspect of the self. It is a cathected potential. It refers to same-sex object choice. That is, homosexuality is an orientation in which same-sex affectional and erotic desires predominate. It is a natural developmental outcome that emerges from the same psychosexual matrix as does heterosexuality.

According to Money, sexual preference is a neurocognitive function. "The process of establishing sexual preference takes place primarily after birth and the basic fundamentals are completed before puberty. The principles whereby all this happens await elucidation" [15:431]. This, of course, implies that object choice is predisposed by the time adolescence begins. Furthermore, it indicates that the developmental variables that contribute to the evolution of sexual orientation cannot be specified at the present time. There has been considerable disagreement regarding both the age of fixation and the etiology of object choice. Nevertheless, the bulk of empirical data and clinical evidence suggests that Money's conclusions are veridical. Science is currently unable to specify the process by which sexual orientation, either heterosexual or homosexual, is established. In addition, object choice tends toward immutability by the end of latency [12].

The controversy over these issues has been primarily related to the question of whether or not homosexuality is a clinical entity or, instead, a social issue. If it is thought of as a form of psychopathology, then the question of etiology takes on great social and clinical significance. When "causes" are specified, then prevention strategies can be developed. It is the illness model of homosexuality that has prompted most of the research and speculation aimed at discovering the variables that result in same-sex attraction.

Nonpejorative Homosexuality

In a recent article reviewing 18 studies conducted between 1957 and 1974, Meredith and Riester showed that the concept of homosexuality-as-pathology has not been adequately supported by empirical evidence [14:174-193]. The illness assumption has also been conceptually and the-



Digitized by the Internet Archive
in 2026 with funding from
CLIR DHC Grant 2026-2028

<https://archive.org/details/2174.13.04>

oretically refuted by Weinberg [18], Clark [2], Silverstein [16], Marmor [11], Bell and Weinberg [1], and Freedman [7]. In its place, a nonpathology model of homosexual desire has evolved. This model of same-sex object choice can also be referred to as *nonpejorative homosexuality*. This latter designation indicates that same-sex erotic and affectional desires do not imply either psychopathology or mental health. That is, in the non-pejorative sense, homosexuality is regarded as no more than an indication of erotic predilection.

Homophobia

Despite these theoretical developments, the present cultural ethos continues to manifest an emphatic disapproval of same-sex eroticism and intimacy. This antihomosexual sentiment is referred to as homophobia [18]. Homophobia is a paroxysmal and hostile fear of homosexuality. It is not a response to some real threat in the object universe. Instead, it is a markedly dereistic and overdetermined reaction to the stigma and mythology associated with homosexuality.

Homophobic beliefs and attitudes have become codified. Their influence is seen in law, social policies, religious beliefs, child-rearing practices, and educational curricula. In this sense, homosexuality is an extant social issue which has potent developmental significance. That is, anti-homosexual bias has become an intrinsic aspect of the socialization process and, in this way, has a critical impact on ego epigenesis. The special developmental consequences of homophobia on personality formation are of current research and clinical interest. They are especially germane to the issue of adolescent homosexuality.

Adolescent Homosexuality

The Evolution of Homosexual Awareness

During the adolescent years the potential for homosexual self-labeling begins. With the maturation of erotic and intimate capacities, homosexual preferences first become perceptible. This new dimension of self-awareness is usually accompanied by considerable anxiety; the adolescent who is struggling with homoerotic impulses must contend with a fear of social disapproval along with significant intrapsychic conflict. Since homosexual desires usually cannot be repressed, the most common adaptation to an awareness of their presence is a compartmentalization of

sexual desire, often leading to a fragmentation of identity. Homophobic content becomes internalized and often causes protracted dysphoria and feelings of self-contempt. The juxtaposition of homosexual desire and acculturated self-criticism is inimical to healthy psychological development.

The Issue of Adolescent Sexual Identity

Before proceeding, it is important to establish whether there is such a person as a homosexual adolescent. Many theorists and clinicians have regarded all reports of adolescent homosexual fantasy or behavior as merely an indication of "sexual identity confusion." Same-sex eroticism, in other words, has been seen as no more than a transient developmental phenomenon. The typical psychotherapeutic response to adolescent disclosures of homosexual desire has been to attenuate the anxiety by reassuring the adolescent that same-sex erotic impulses are normal and do not indicate the existence of a fixed homosexual orientation. While it is true that homoerotic fantasies, and even overt behaviors, do not necessarily predict adult homosexual object choice [17:378-382], it appears equally true, as already noted, that the issue of sexual orientation is often settled by the time adolescence begins. Therefore, to always interpret adolescent homosexual impulses as incidental is a therapeutic error. It both misleads and fails to address the socialized attitudes that make the existence of same-sex eroticism both frightening and unacceptable. Daher suggests that this approach is an imposition of an inappropriate heterosexual bias [3:12-17]. It implicitly supports the notion that homosexuality is an undesirable and/or inferior sexual orientation. Furthermore, it leaves the client vulnerable to psychologically disorganizing conflict and self-loathing if the homosexual impulses persist or reemerge at a later time.

It is necessary, then, to exercise both prudence and discretion in responding clinically to a report of homosexual feelings or behavior. There are certainly instances where homoerotic urges are no more than epiphenomena in the evolution of fixed heterosexual object choice. That is, there are times when same-sex desires during adolescence do not indicate the presence of incipient homosexuality. Nevertheless, at least one of every 10 reports of same-sex erotic interest will be made by a young person who is, or will be, predominantly homosexual [10]. In both instances, anxiety and confusion are likely. It is important, therefore, to respond to all such disclosures in a supportive and unbiased way. The adolescent is in need of accurate information on the meaning of homosexual

A frequent adaptation to this set of problems is street prostitution. This unsavory milieu is usually not conducive to healthy psychological development.

This is not to say that coming out is an inherently deleterious process or pernicious decision. To the contrary, the research of Friend [8:231-248], De Monteflores and Schultz [5:59-72], and Kimmel [9:28-31] suggest that coming out can have distinct psychological benefits. In fact, Kimmel states:

It is possible this crisis [coming-out] early in the gay person's adult life, one that can involve extensive family disruption, intense feelings, and sometimes alienation from the family—may be one of the most significant a gay person will face. Once resolved, it may provide a perspective on major life crises and a sense of crisis competence that buffers the person against later crises. [10:117]

"Crisis competence" is clearly a psychological asset. In addition, the genuine self-respect and ego integrity that are possible only for the disclosing adolescent are further developmental advantages. Those adaptations that rely on denial and/or the maintenance of a false identity are fragmenting and require a hypercathexis of defensive operations. Nevertheless, the societal stigma attached to homosexuality usually makes even disclosure a difficult developmental course for the homosexual adolescent.

Conclusion

In actuality, then, each of the possible adaptations to adolescent homosexuality tends to be problematic, and will remain so until advocacy efforts succeed in changing both cultural attitudes and social policies. Ultimately, the goal must be to extinguish the stereotypical notions and irrational fears that serve as the basis for antihomosexual bias. In the meantime, both public and private psychological services must become more responsive to the special needs of the gay and lesbian adolescent. Psychotherapeutic intervention, for many, is the only effective means of ameliorating the unfortunate consequences of biased and impoverished socialization.

References

1. Bell, A., and Weinberg, M. *Homosexualities: A Study of Diversity among Men and Women*. New York: Simon and Schuster, 1978.
2. Clark, D. *Loving Someone Gay*. Millbrae, CA: Celestial Arts, 1977.
3. Daher, D. "Sexual Identity Confusion in Late Adolescence: Therapy and Values." *Psychotherapy: Theory, Research and Practice* 14 (1977).
4. Davison, G. "Homosexuality: The Ethical Challenge." *Journal of Consulting and Clinical Psychology* 2 (1976).
5. De Montefiores, C., and Schultz, S. "Coming out: Similarities and Differences for Lesbians and Gay Men." *Journal of Social Issues* 34 (1979).
6. Erikson, E. *Childhood and Society*. New York: W.W. Norton, 1950.
7. Freedman, M. *Homosexuality among Women and Psychological Adjustment*. Unpublished doctoral dissertation, Case Western Reserve University, 1967.
8. Friend, R. "GAYing: Adjustment and the Older Gay Male." *Alternative Lifestyles* 3 (1980).
9. Kimmel, D. "Patterns of Aging among Gay Men." Christopher Street, November 1977.
10. Kimmel, D. "Adult Development and Aging: A Gay Perspective." *Journal of Social Issues* 34 (1978).
11. Kinsey, A.C.; Pomeroy, W.; and Martin, C. *Sexual Behavior in the Human Male*. Philadelphia: W.B. Saunders, 1948.
12. Marmor, J. "Homosexuality and the Issue of Mental Illness," in *Homosexual Behavior: A Modern Reappraisal*, edited by J. Marmor. NY: Basic Books, 1980.
13. Marmor, J. "Homosexuality and Cultural Value Systems." *American Journal of Psychiatry* 11 (1973).
14. Meredith, R., and Riester, R. "Psychotherapy, Responsibility, and Homosexuality: Clinical Examination of Socially Deviant Behavior." *Journal of Professional Psychology* 11 (1980).
15. Money, J. "Factors in the Genesis of Homosexuality," in *Determinants of Sexual Behavior*, edited by G. Winokar. Springfield IL: Charles C Thomas, 1963.
16. Silverstein, C. *A Family Matter*. New York: McGraw-Hill, 1977.
17. Tindall, R. "The Male Adolescent Involved with a Pederast Becomes an Adult." *Journal of Homosexuality* 3 (1978).
18. Weinberg, G. *Society and the Healthy Homosexual*. New York: St. Martin's Press, 1972.

(Address requests for a reprint to Alan K. Malyon, Ph.D., 3210 De Witt Dr., Los Angeles, CA 90068.)

desire. It should be described as a natural developmental outcome, and one that does not imply either psychopathology or developmental arrest. Further, both cultural and personal attitudes toward homosexuality should be addressed. It must be emphasized that homosexuality is not, inherently, a problem, but that social opprobrium (homophobia) often makes it so. Homoerotic desires should be valued and explored in the same way that heterosexual impulses are. The clinician should aim at facilitating experimentation, understanding, and self-acceptance. In this way, "sexual identity confusion" can be resolved. In addition, the conflicts, anxiety, and feelings of self-degradation that often accompany the acknowledgment of homosexual impulses can be attenuated.

As the foregoing implies, the attitudes of the clinician are a critical variable in successful psychotherapeutic interventions with the gay or lesbian adolescent. Homophobic attitudes are inimical to the development of a positive gay identity. Therefore, the clinician who works with the adolescent homosexual must have engaged in sufficient reeducation, consciousness raising, introspection and conflict resolution to ensure that antihomosexual bias does not contaminate the treatment process.

A common and rather subtle form of bias is manifested in the "fear of influencing the adolescent toward a homosexual orientation." This concern usually indicates both a lack of information and the presence of bias. The tendency of clinicians to be concerned only with their influence on the development of a homosexual preference needs to be recognized as a manifestation of the influence of social values, and not an expression of therapeutic objectivity [Davison, 1976]. A more appropriate concern would be that of helping the adolescent develop a positive self-concept and a genuine capacity for intimacy, irrespective of sexual orientation [4].

The Special Problems of the Adolescent Homosexual

Until recent years developmentalists viewed psychosocial ontogeny as a function of intrapsychic maturation. That is, "stages" were thought to occur according to an inner logic and necessity. It has now become clear that developmental processes and outcomes cannot be explained by an exclusive reference to intrapsychic phenomena. Instead, development is a complex interaction of individual psychological traits and capacities in combination with the possibilities and limitations of a specific social context.

At this time, it is not known whether there are initial intrapsychic differences between heterosexuals and homosexuals. There is no evidence,

however, to suggest that such differences do exist. It is unquestionable, however, that important exogenous differences operate at all postpubescent levels of development. Homophobia serves to create a unique, and usually hostile, psychosocial milieu for the incipient homosexual. And profound developmental consequences result from this.

The task of adolescence is that of identity formation [6]. To consolidate an ego identity, the adolescent must engage in extensive experimental behavior to learn the roles and experiences congruent with innate capacities and already established psychological patterns, defenses, and processes. Social interaction provides information on the acceptability of various forms of self-expression. Identity is, in many respects, a psychosocial phenomenon that develops in an interpersonal context and serves as the basis for all subsequent object relations. It is out of the formation of an identity that the capacity for mature intimacy evolves.

To complete the developmental tasks of adolescence, then, there must be adequate opportunities for extensive social involvements and interpersonal attachments with peers. Primitive and undifferentiated parental dependency must be transformed, through intense social involvement, into an adult capacity for love and intimacy. This process is an intrinsic aspect of identity formation. The gay or lesbian adolescent is often a victim of a selectively purloined developmental phenomenology. That is, because of the antipathy associated with homosexuality, many critical social experiences are not available to homosexual adolescents. For example, their most charged sexual desires are usually seen as perverted, and their deepest feelings of psychological attachment are regarded as unacceptable. This social disapproval interferes with the preintimacy involvements that foster the evolution of maturity and self-respect in the domain of object relations.

The result of these missing developmental experiences is that a complete resolution of the adolescent identity crisis is precluded. Furthermore, conflicts over homosexual desires are usually enhanced and there is frequently an attempt to eschew this aspect of the self.

Modes of Homosexual Adaptation

There are three common adaptations to the dilemma of the homosexual adolescent: a) repression of same-sex desires; b) a developmental moratorium in which homosexual impulses are suppressed in favor of a heterosexual or asexual orientation; c) homosexual disclosure and the decision to mobilize same-sex desires.

Repression. The adolescent who represses same-sex desires is making the most primitive and least satisfactory adaptation to the homosexual issue. Repression of these impulses almost always eventuates in an unanticipated manifestation of the egodystonic sexual material at a later time. This often elicits panic and/or a major disruption of established coping strategies and life patterns, since there has been no opportunity to integrate the homosexual desires. The psychological economy is usually unable to accommodate the unexpected new awareness without significant temporary disorganization.

Suppression. For those individuals who only suppress homosexual impulses during adolescence there is a different, more positive prognosis. The suppression of same-sex eroticism results in a temporary developmental moratorium. The process of identity formation is truncated and the individual attempts to accommodate to the values and role-expectations of the heterosexual culture. Very often career overachievement binds homosexual conflicts and compensates for feelings of inadequacy and unacceptability. Distinct underachievement, however, is another reaction to the feelings of alienation and perversion. Sometimes an attempt is made to bolster the suppression of homoerotic impulses by involvement in a heterosexual marriage.

In many instances of early homosexual suppression there is a chronic state of psychological unrest and disequilibrium. Integrity and a genuine sense of self-respect are difficult to achieve so long as significant aspects of personal identity are hidden and regarded as contemptible. It is, therefore, not uncommon to find identity issues reemerging in the third or fourth decades. At that time, an effort is made to acknowledge and integrate homoerotic impulses rather than suppress them. Homosexual self-disclosure is referred to as "coming out." The coming-out experience is an aspect of identity formation and is usually accompanied by an elaboration of the processes and conflicts critical during primary adolescence. An intense period of sexual experimentation usually occurs, with a transient preoccupation with physical appearance and a great concern with peer approval and acceptance. Intense but brief intimate involvements are common, as is a renewed and vigorous interest in social activities that are central in adolescence and young adulthood. Many of the motivations that drive these interests and activities are subconscious. They often appear, and are experienced, as immature. They have a high affective charge and, frequently, a driven quality. The nature of these psychosocial phenomena can best be understood as part of the second epoch of a *biphasic adolescence*. The suppression of homosexual impulses during

primary adolescence results in an interruption and mitigation of the process of identity formation. The coming-out experience prompts another phase of psychological growth, similar to that which has primacy during age-appropriate adolescence. The goal of this second phase is a psychological integration of the previously compartmentalized and rejected sexual and intimate capacities. Thus, the biphasic adolescence of the homosexual individual facilitates the completion of the process of adult identity formation.

Disclosure. For the individual who opts for a homosexual identity during adolescence, many problems complicate and interfere with a desirable outcome to the developmental process. Social attitudes militate against feelings of self-acceptance. Few, if any, institutional and/or ritualized social activities, support groups, or agency services exist for the homosexual minor. The majority of openly lesbian and gay adolescents are alienated from their peers as well as from the larger heterosexual culture. In addition, they have little access to the gay or lesbian communities, since most such social activities and establishments are adult-oriented. In addition, laws that require parental consent for psychological treatment make it difficult for the homosexual adolescent to obtain self-affirming social or psychotherapeutic services. Most parents will accept only conversion (to heterosexuality) treatment goals, and this is rarely what the self-acknowledged homosexual minor is seeking. Also, homophobic cultural attitudes have made it very difficult to get approval or funding for public programs designed to assist the gay or lesbian adolescent.

Self-acknowledged homosexual adolescents, then, are often an alienated and neglected population. The personal, social, and institutional support systems that assist the adolescent heterosexual minor are not available to the homosexual minor. As might be expected, this situation often produces rather morbid psychological consequences. The homosexual adolescent must either try to complete the developmental process in a hostile and psychologically impoverished heterosexual social environment or must decide to seek peer support and social opportunities in the homosexual community. Neither alternative is very satisfactory. The decision to remain in the heterosexual community nearly always results in estrangement and confusion. A move into the homosexual community precipitates a separation from parents, and requires premature assumption of adult responsibilities and social roles. Very often it is impossible to find a job and the necessities of everyday life become urgent.

